**BRACKNELL FOREST COUNCIL**

**DECLARATION - QUALIFICATION AS A GOVERNOR**

Please read this form carefully, complete the relevant sections and return it to the Clerk as soon as possible.

**I declare that I am not disqualified from serving as a school governor/ associate member and that:**

* I am aged 18 or over at the date of this election or appointment.
* I am not a registered pupil of the school.
* I do not already hold a governorship of the same school.
* I meet the qualification criteria for the category of governor that I have been nominated for/ appointed or elected to.
* I am not the subject of a bankruptcy restrictions order or an interim order, debt relief restrictions order, an interim debt relief restrictions order or my estate has been sequestrated and the sequestration has not been discharged, annulled or reduced.
* I am not subject to a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986, a disqualification order under Part 2 of the Companies (Northern Ireland) Order 1989, a disqualification undertaking accepted under the Company Directors Disqualification (Northern Ireland) Order 2002, or an order made under section 429(2)(b) of the Insolvency Act 1986 (failure to pay under county court administration order).
* I have not been removed from the office of charity trustee or trustee for a charity by the Charity Commission or Commissioners or High Court on grounds of any misconduct or mismanagement, or under section 34 of the Charities and Trustee Investment (Scotland) Act 2005 from being concerned in the management or control of any body.
* I have not been removed from office as an elected governor within the last five years
* I am not included in the list of teachers or workers considered by the Secretary of State as unsuitable to work with children or young people.
* I am not barred from any regulated activity relating to children.
* I am not subject to a direction of the Secretary of State under section 128 of the Education and Skills Act 2008.
* I am not disqualified from working with children or from registering for child-minding or providing day care.
* I am not disqualified from being an independent school proprietor, teacher or employee by the Secretary of State.
* I have not been sentenced to three months or more in prison (whether suspended or not) without the option of a fine, in the five years before becoming a governor or since becoming a governor.
* I have not received a prison sentence of two and a half years or more in the 20 years before becoming a governor.
* I have not at any time received a prison sentence of five years or more.
* I have not been fined for causing a nuisance or disturbance on school premises during the five years prior to or since appointment or election as a governor.
* I am not an elected member of the LA
* I am not paid to work at the school for more than 500 hours
* I will not refuse a request by the Clerk to make an application to the Disclosure and Barring Service (DBS) for a criminal records certificate.

Anyone proposed or serving as a governor who is disqualified for one of these reasons must notify the Clerk to the Governing Body.

# Signature: …………………………………………... Date: …..…….

Name:…………………………………………………

First section to be completed by the person who signed the declaration:-

**First Name**: …………………………………………... **Last Name:** …..……………………..…

**Previous** **Name(s)/Aliases**: ……..………………………………………….…………………….

**Address**: …………………………………………………………………………………………….

…………………………………………………………………………………………………………

………………………………………………………...……………………………………………..

**Postcode**: ………………………………………………

**Tel. No:** (home) ……………………… (work) ………………………

**Email Address:**………………………………………..

**School**: ……………………………………………………………………………………………….

**DfE Teacher Reference No**: …………………………… **Date of Birth** ……………..….….

(if appropriate)

Second section to be completed by the Headteacher:

**The headteacher must be satisfied that the person above is who they say they are.** *Provision of one or more of the following documents may assist (one to be photo ID).*

# CONFIRMATION OF IDENTITY

|  |  |  |
| --- | --- | --- |
|  | **Document** | **🗸** |
|  | **Birth Certificate** (check date of birth with information given above) or |  |
|  | **Driving Licence** Licence No: …………………………………….. |  |
|  | **Passport** Passport No: ………………………………….. |  |

I confirm that I am satisfied that the person named above is who they say they are.

**Signed: …………………………………………….…. Date: ..................................**

(Headteacher)

This form together with the Declaration of Qualification as a Governor should be **retained by the Clerk to the Governing Body**